

# Chlamydia

## Surveillance Protocol

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### **Provider Responsibilities**

1. Report all chlamydia cases to the West Virginia Department of Health and Human Resources, Bureau for Public Health (BPH) within seven days by submitting a completed VD-91 treatment card and corresponding lab and clinical information electronically, or by fax, to the STD Surveillance Unit (contact information printed at the bottom of the VD-91 form).
2. Evaluate and test patients who present with signs and symptoms.
3. Evaluate and test patients who present as a contact to an infected person.
  - a. Prophylactically treat based on clinical judgment.
4. Conduct appropriate screening of pregnant females.
5. Treat patients with a positive laboratory test according to the most current Centers for Disease Control and Prevention (CDC) treatment guidelines: [www.cdc.gov/std/treatment/default.htm](http://www.cdc.gov/std/treatment/default.htm).
6. Offer Expedited Partner Therapy (EPT) to the patient so they can treat their partner(s) according to the most current CDC guidelines: [www.cdc.gov/std/ept/default.htm](http://www.cdc.gov/std/ept/default.htm).
7. Obtain sexual history for each patient requesting STD services according to the most current CDC guidelines: [www.cdc.gov/std/treatment/sexualhistory.htm](http://www.cdc.gov/std/treatment/sexualhistory.htm).
  - a. Consider Extragenital Testing (EGT) for patients who report anal and oral sex.
  - b. Contact the West Virginia Office of Laboratory Services (OLS) for more information on EGT at 304- 558-3530 ([dhr.wv.gov/ols/Pages/default.aspx](http://dhr.wv.gov/ols/Pages/default.aspx)).
8. Refer to the District Public Health Investigator, commonly referred to as a Disease Intervention Specialist (DIS), when assistance is needed to contact patients and/or partners.
9. Contact the STD Surveillance Unit with questions or concerns regarding reporting at 304-558-2195 or [wvstd@wv.gov](mailto:wvstd@wv.gov).

### **Laboratory Responsibilities**

1. Report all positive Chlamydia lab results to BPH via electronic lab reporting (ELR) or by faxing a copy of the laboratory report to STD Surveillance Unit at 304-558-6478.
2. Contact the STD Surveillance Unit with questions or concerns regarding reporting at 304-558-2195 or [wvstd@wv.gov](mailto:wvstd@wv.gov).

### **Local Health Department (LHD) Responsibilities**

1. Education and Outreach
    - a. Educate providers about the importance of screening pregnant women and young adults for chlamydia.
    - b. Educate the public about chlamydia signs and symptoms and risk factors.
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#### **Division of STD, HIV, Hepatitis, and Tuberculosis**

350 Capitol Street, Room 125, Charleston, WV 25301-3715

Phone: 304-558-2195 - Fax: 304-558-4744

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- c. Collaborate with state program staff to organize outreach and education events in high-impact areas/settings.
2. STD Testing and Treatment
  - a. Follow and promote all testing and treatment guidelines recommended by the CDC: [www.cdc.gov/std/chlamydia/default.htm](http://www.cdc.gov/std/chlamydia/default.htm).
  - b. Offer EPT to patients that are willing to give treatment to their partners.
  - c. Collect a sexual history for each patient in the STD clinic and consider offering EGT (when applicable) based on findings.
3. Collaborate with BPH
  - a. Prioritize patients/partners that DIS refers to the LHD for STD clinic appointments.
  - b. Offer preventative treatment to patients that have been exposed to a known case after collecting laboratory samples.
  - c. Promote BPH reporting requirements to providers.
  - d. Refer providers to the STD Surveillance or DIS staff for STD information when necessary.
  - e. Contact STD Surveillance Unit for a patient's test or treatment history, if needed.
  - f. Contact OLS with laboratory-specific questions at 304-558-3530, please visit website at: [dhhr.wv.gov/ols/Pages/default.aspx](http://dhhr.wv.gov/ols/Pages/default.aspx).

### **DIS Responsibilities**

1. Prioritize STD cases/investigations based on the DIS Field Follow-Up Reactor Grid.
2. Contact the patient and encourage them to seek treatment (refer to LHD when necessary).
3. Educate the patient and answer any questions they may have pertaining to STDs and partner services.
4. Interview the patient for all partners/contacts during the 60 days prior to diagnosis.
5. Provide partner notification to named contacts, if needed.
6. Refer partners to LHD for testing and/or treatment.
7. Complete required fields in case and partner(s) investigations in the West Virginia Electronic Disease Surveillance System (WVEDSS) and submit to the DIS Supervisor.
8. A case may be considered lost to follow-up (LTFU) two weeks after the case was identified and after the DIS has documented at least:
  - a. Two phone call attempts
  - b. One letter
  - c. One field visit

### **BPH Responsibilities**

1. Initiate prompt and complete reporting of chlamydia cases to the CDC via WVEDSS.
  2. Contact ordering providers on cases that require further surveillance follow-up to ensure adequate reporting of CDC core variables.
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3. Assign appropriate cases/investigations to DIS for field follow-up, when necessary.
4. Provide technical expertise and consultation regarding surveillance, investigation, control measures, and prevention of chlamydia.
5. Notify the CDC of suspected outbreaks identified in West Virginia and assist LHDs in obtaining the knowledge and resources necessary for investigations of a chlamydia outbreak.
6. Summarize surveillance data for chlamydia on an annual basis.
7. Offer laboratory testing of chlamydia through OLS at no cost for patients and their partners.
8. Maintain Interstate Communications Control Records (ICCR) process for exchanging case and partner information with other states and jurisdictions.

### **Disease Control Objectives**

1. Identify and respond to outbreaks of chlamydia in a timely fashion so that appropriate control measures can be applied.
2. Offer partner services and EPT to all known chlamydia cases in an effort to reduce the spread of infection.

### **Disease Prevention Objectives**

1. Reduce the incidence of chlamydia through education and outreach.
2. Adequately treat all patients and contacts according to the current CDC recommendations.
3. Obtain identifying and locating information about all partners/contacts and ensure confidential notification.

### **Disease Surveillance Objectives**

1. Determine the incidence of chlamydia in West Virginia.
2. Detect outbreaks of chlamydia in West Virginia.

### **Public Health Significance**

Chlamydia infection is the most frequently reported infectious disease in the United States and prevalence is highest in persons aged <25 years. In West Virginia, about 5,000 cases are reported each year. The majority of cases occur in the age group of 20-25 years (about 45%) and females account for about 70% of reported cases. Non-Hispanic Whites account for the majority (about 60%) of all cases reported, but Non-Hispanic Blacks generally have the highest rate of disease.

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### **Clinical Description**

Initial signs and symptoms of chlamydia often go unnoticed, but the infection can lead to serious health problems if left untreated. This includes infertility in both men and women, pelvic inflammatory disease, ectopic pregnancy, and more.

The following may be noted in patients with chlamydial infection:

1. Asymptomatic
2. Vaginal or urethral discharge
3. Abnormal vaginal bleeding (postcoital or unrelated to menses)
4. Dyspareunia
5. Proctitis, rectal discharge, or both (in cases of receptive anal intercourse)
6. Slow onset and progression of lower abdominal pain
7. Pain and swelling in one or both testicles (epididymitis)
8. Fever

The following may be noted in newborns with chlamydial infection:

1. Symptoms of pneumonia (if present), beginning at 1-3 months.
2. Symptoms of conjunctivitis (if present), developing at 1-2 weeks.
3. In pneumonia, cough and fever (though the classic description is afebrile).
4. In conjunctivitis, eye discharge, eye swelling, or both.

### **Etiologic Agent**

Chlamydia is a bacterial infection caused by *Chlamydia trachomatis*.

### **Reservoir**

Humans are the only known host.

### **Mode of Transmission**

Anyone who has sex can get chlamydia through unprotected vaginal, anal, or oral sex. However, sexually active young people are at a higher risk of getting chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex

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with men (MSM) are also at risk since chlamydia can be spread through oral and anal sex. It is spread during sex with someone who has chlamydia or non-gonococcal urethritis (NGU). The infection can be passed on to an unborn child and cause serious complications. Babies born to infected mothers may suffer from pneumonia or conjunctivitis, an inflammation of membranes in the eye that may lead to blindness.

### **Incubation Period**

The time between exposure to chlamydia and the start of symptoms may range from days to months. If symptoms appear, it is usually 1 to 3 weeks after sexual contact with an infected person.

### **Period of Communicability**

All persons who are positive for chlamydia are potentially infectious.

### **Case Definition**

Laboratory Criteria for Diagnosis:

1. Isolation of *C. trachomatis* by culture, **OR**
2. Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid, **OR**
3. Detection of Lymphogranuloma Venereum (LGV) or LGV-specific antigen or nucleic acid in a clinical specimen.

To distinguish from an existing case, a new case must meet the following criteria:

1. No evidence of prior *C. trachomatis* infection that has been reported as a case, **OR**
2. Evidence of prior *C. trachomatis* infection that has been reported as a case, but the prior infection's specimen collection date or treatment date was greater than 30 days before the current infection's specimen collection date, **OR**
3. Evidence of prior *C. trachomatis* infection that has been reported as a case, with a specimen collection or treatment date less than or equal to 30 days from the current infection's specimen collection date, but there is evidence of re-infection.

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### **Case Classification**

Confirmed: A case that meets laboratory evidence/criteria.

### **Prevention Interventions**

There is currently no preventive vaccine for chlamydia. The only way to completely avoid chlamydia is to not have sex (abstinence). But for those who are sexually active, the best preventive strategies include:

1. Mutual monogamy, or a limited number of sex partners.
2. Get tested at least annually (or more often based on risk factors) and encourage partners to test.
3. Use latex or polyurethane condoms correctly and consistently.
4. Use a condom-safe lubricant (water-based or silicon-based).

### **Treatment**

Treatment should be administered according to the most current CDC STD Treatment Guidelines: [www.cdc.gov/std/treatment/default.htm](http://www.cdc.gov/std/treatment/default.htm).

### **References**

CDC 2021 STD Treatment Guidelines: [www.cdc.gov/std/treatment-guidelines/default.htm](http://www.cdc.gov/std/treatment-guidelines/default.htm)

CDC 2022 *Chlamydia Trachomatis* Case Definition: [ndc.services.cdc.gov/case-definitions/chlamydia-trachomatis-infection-2022/](https://ndc.services.cdc.gov/case-definitions/chlamydia-trachomatis-infection-2022/)

CDC Chlamydia Fact Sheet: [www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm](http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm)

CDC STD Surveillance: [www.cdc.gov/std/stats](http://www.cdc.gov/std/stats)

DHHR STD Surveillance: [oepls.wv.gov/std/pages/default.aspx](https://oepls.wv.gov/std/pages/default.aspx)

DHHR Chlamydia Page: [oepls.wv.gov/chlamydia/pages/default.aspx#data](https://oepls.wv.gov/chlamydia/pages/default.aspx#data)

CDC Program Operations Guidelines for STD Prevention:

[www.cdc.gov/std/program/overview.pdf](http://www.cdc.gov/std/program/overview.pdf)

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